NH WOOD STOVE CHANGEOUT PROGRAM VOUCHER TRACKING FORM (TO BE COMPLETED BY PARTICIPATING RETAILERS*)

Date		Vou	cher #			
Consumer's Name		Phon	e			
Address	City, State, Zip					
New Stove Manufacturer	Model					
New Stove Type: Wood \square Pellet \square	Gas \square	Othe	r 🗆			
Retailer Name		Pho	ne			
Retailer Address	City, State, Zip					
<u>Installation</u>						
Name of Certified Installer**						
Type of CertificationCer						
[Certified installers must have the proper fuel spec	cific certificatio	on for the	type of stove installed.]			
Type of Fuel-Specific Certification: Wood	□ Pel	let □	Gas \Box			
Old Wood Stove: Manufacturer	Model _					
I certify that the old stove was not EPA-certified	:		Yes □			
I certify that the old stove appeared to be in-use:			Yes □			
Recycling:						
I certify that the old wood stove has been remove	ed from the res	idence:	Yes □			
I certify that the old wood stove's doors have been	en removed pri	or to the	stove's release to a			
recycling facility: Yes □						
I certify that the old wood stove has been release	d to a participa	nting recy	cling facility, with its			
doors removed, and that the stove is to be destroy	yed: Yes □					
Name of recycling facility						
Signature (recycling facility)		D	Oate			
I certify that the information contained on this trainformation on this form must be completely filled program requirements and be a participating retarcity of Keene. This form must be submitted, also invoice, photograph of stove prior to removing it receive reimbursement.	ed out. I also a iler in order to ong with the rel	ngree that receive r bate vouc	I must meet the eimbursement from the her, a copy of the			
Name of Participating Retailer						
Signature						

^{*} Participating retailers must be registered with the City of Keene. **Installers must be professionally certified (e.g., Chimney Safety Institute of America or National Fireplace Institute)